



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Group No.: 1771
 Examiner: E. Cole

Serial No.: 10/036,864

Filing Date: 21 December 2001

Title: NONWOVEN WEB WITH COATED
 SUPERABSORBENT

AMENDMENT A

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action dated 14 August 2003 please amend the above-identified application as follows:

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:
 Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on
14 Nov 03

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 Date

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 Signature

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In re application of: Sridhar RANGANATHAN et al.

Serial No.: 10/036,864

Filed: 21 December 2001

For: NONWOVEN WEB WITH COATED SUPERABSORBENT

COMMISSIONER FOR PATENTS

P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col.1) CLAIMS REMAINING AFTER AMENDMENT	(Col.2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col.3) PRESENT EXTRA	SMALL ENTITY	OTHER THAN A SMALL ENTITY
TOTAL	88	MINUS	76	12	<input type="checkbox"/> RATE <input type="checkbox"/> ADD'L FEE
INDEP.	4	MINUS	4	0	<input type="checkbox"/> x 09 = \$ <input type="checkbox"/> RATE <input type="checkbox"/> ADD'L FEE
FIRST PRESENTATION OF MULTIPLE DEPEN. CLAIM					
				<input type="checkbox"/> 43 = \$ <input type="checkbox"/> x 18 = \$216.00	<input type="checkbox"/> x 86 = \$ <input type="checkbox"/> + 290 = \$
				<input type="checkbox"/> + 145 = \$ <input type="checkbox"/> TOTAL ADD'L FEE \$	<input type="checkbox"/> TOTAL \$216.00
				<u>OR</u>	<u>OR</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is attached.

A check in the amount of \$ 216.00 is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.

- Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,



Roland W. Norris
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